

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL026055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTOVER GARDENS SPECIAL CARE UNIT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3017 DUNN ROAD</b> <b>FAYETTEVILLE, NC 28301</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  This is a Report of a Construction Follow-Up Survey conducted by Greg Cates on March 10, 2016.  One of the previously cited deficiencies has not been corrected and requires further action.	{C 000}		
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the facility, which was equipped with Special Locking (magnetic locks) on the exit doors, failed to meet the requirements as defined by the NC State Building Code, which permits the installation of Special Locking on exit doors of buildings provided that the locks release upon activation of the fire alarm system.  Findings on March 10, 2016:  a. When the fire detection system is activated, the exit doors unlock, but re-energize when the fire alarm system is silenced	{C 189}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE